

<i>SERFF Tracking Number:</i>	<i>AEGJ-125689082</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39247</i>
<i>Company Tracking Number:</i>	<i>LTC EE BR AR 0808</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Employee Brochure</i>		
<i>Project Name/Number:</i>	<i>Employee Brochure/LTC EE BR AR 0808</i>		

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Employee Brochure

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: AEGJ-125689082

SERFF Status: Closed

Co Tr Num: LTC EE BR AR 0808

Co Status:

Authors: Joan Shumaker, Pamm  
Davis

Date Submitted: 06/10/2008

State: ArkansasLH

State Tr Num: 39247

State Status: Filed-Closed

Reviewer(s): Harris Shearer

Disposition Date: 07/23/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Employee Brochure

Project Number: LTC EE BR AR 0808

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/23/2008

State Status Changed: 07/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see the Cover Letter on the Supporting Documentation tab.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Advertising not  
required to be filed in Domicile.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

## Company and Contact

### Filing Contact Information

Pamm Davis, Advertising Analyst Trainee

pamdavis@aegonusa.com

SERFF Tracking Number:	AEGJ-125689082	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	39247
Company Tracking Number:	LTC EE BR AR 0808		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Employee Brochure		
Project Name/Number:	Employee Brochure/LTC EE BR AR 0808		

P.O. Box 93007	(800) 553-7600 [Phone]
Bedford, TX 76053-3007	(817) 285-3394[FAX]

**Filing Company Information**

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
P O Box 93005	Group Code: 468	Company Type:
Hurst, TX 76053-3005	Group Name:	State ID Number:
(800) 553-7600 ext. [Phone]	FEIN Number: 39-0989781	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	No
Fee Explanation:	3 Advertisements X \$25 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$75.00	06/10/2008	20754099

<i>SERFF Tracking Number:</i>	<i>AEGJ-125689082</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed-Closed	Rosalind Minor (FM)	07/23/2008	07/23/2008

<i>SERFF Tracking Number:</i>	<i>AEGJ-125689082</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39247</i>
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<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Employee Brochure</i>		
<i>Project Name/Number:</i>	<i>Employee Brochure/LTC EE BR AR 0808</i>		

## Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AEGJ-125689082	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	39247
Company Tracking Number:	LTC EE BR AR 0808		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Employee Brochure		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	Employee Brochure	Filed-Closed	Yes
Form	Brochure Insert	Filed-Closed	Yes
Form	Premium Illustration	Filed-Closed	Yes

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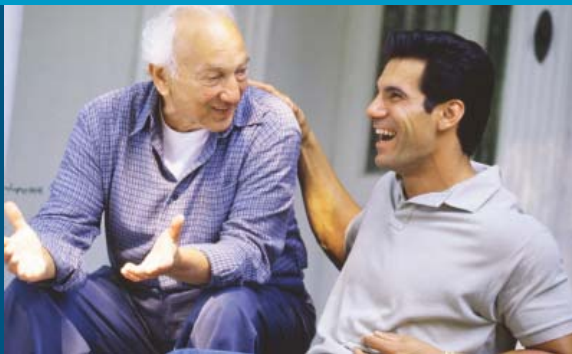
## Form Schedule

**Lead Form Number:** LTC EE BR AR 0808

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	LTC EE BR AR 0808	Advertising	Employee Brochure	Initial			LTC EE BR AR 0808 filing 6-10-08.pdf
Filed-Closed	LTC BI 0808	Advertising	Brochure Insert	Initial			LTC BI 0808 Insert 6-10-08 filing.pdf
Filed-Closed	LTC ILL 0808	Advertising	Premium Illustration	Initial			LTC ILL 0808 filing 6-10-08.pdf

# [Transitions by TRANSAMERICA<sup>SM</sup>]

*A Plan Designed for a Changing Future™*



Individual Long Term Care Insurance





## ***Helping Secure Your Tomorrow - Today***

We all live busy lives. We transition from one role to another constantly. Along with being busy with your job, you may be helping one of your parents with a health care or long term care issue, attending your child's high school functions, sending your son or daughter off to college, or even becoming a grandparent for the first time. But, whatever life brings you today, owning a long term care insurance policy can help you feel more secure about the uncertainty of transitioning to tomorrow.

### ***The Family Impact***

Long term care is a family matter. Children often fill the role of caregiver for their parents. However, for many, this role becomes too demanding. An estimated 44.4 million Americans are caregivers to adult friends or family members.<sup>1</sup> If you have to work to support your family, the role of caregiver may become even more burdensome. Caregivers may sacrifice leisure time, and may suffer stress-related illnesses. Negative effects on working caregivers include lost time from work, lower productivity, quitting a job to give care, lost career opportunities and lower future earnings.

### ***The Cost of Long Term Care***

The average cost in the United States for a private room in a nursing home is \$[70,810]<sup>2</sup>, and the average cost of an assisted living facility is \$[32,292]<sup>2</sup> a year. Home care can be expensive too. A visit from a home health aide three times per week can cost an average of \$[16,000] a year.<sup>2</sup> You can see how these costs can negatively impact an individual's or family's savings.

### ***What is Long Term Care Insurance?***

Long term care insurance can help protect you from the cost of long term care because of help you may need due to an accident, prolonged illness, or disability making it difficult for you to care for yourself. Long term care insurance doesn't just pay for nursing home stays either. It can pay for services you need to help you stay at home, such as home modifications, caregiver training and homemaker services or more professional care such as an assisted living facility or other approved facilities.



<sup>1</sup>Care for the Family Caregiver: A Place to Start, Health Plan of New York and the National Alliance for Caregiving, 2005.

## ***Long Term Care Insurance Now Instead of Later***

One of the determining factors in setting your initial premium is not only your general health but also your age. Therefore, the younger you are when you apply for coverage, the lower your initial premium may be. To learn more about the cost of waiting, visit the "Cost of Waiting" page on our website, [www.TransamericaLTC.com](http://www.TransamericaLTC.com). Aside from premium amount, another reason you should consider buying long term care insurance now rather than later is the simple risk of needing long term care sooner rather than later. Did you know that 40% of those who need long term care services are under the age of 65?<sup>3</sup>

### ***Available Discounts***

Reduced rates may be available to employees and their family members who qualify. Additionally, should you relocate or change employment, the premium discounts will continue as long as your policy remains in effect.

### ***Who is Eligible to Apply?***

If you are age 18 through 79, you are eligible to apply. You may only have to answer limited health questions if you are under the age of 65. However, if you are 65 or older or if you are an eligible family member and wish to apply for coverage, additional health questions will need to be answered.

### ***How Do I Become Eligible for Benefits?***

We must receive a Plan of Care from a Licensed Health Care Practitioner (your doctor, a registered nurse or a licensed social worker) that must certify within the last 12 months:

1. You require assistance due to your inability to perform at least two Activities of Daily Living (bathing, continence, dressing, eating, toileting, and transferring) for a period expected to last at least 90 days.

**or**

2. You require continual supervision due to a severe Cognitive Impairment.

### ***Elimination Period***

Like your health insurance deductible, this is the amount of expenses you are financially responsible to pay before the policy starts to pay benefits. Once you satisfy the Elimination Period even if it's over more than one claim period, it need never be satisfied again.

<sup>2</sup>Information available at <http://www.longtermcare.gov>. A copy is available from Transamerica Life Insurance Company.



### ***Maximum Daily Benefit***

Each day that expenses are incurred for your covered long term care, the policy pays those actual charges incurred up to a maximum daily dollar amount that you choose. Example: If your maximum daily benefit was \$100 and you were charged \$80 for home health care received on Tuesday, the policy would pay \$80

for those charges you incurred on Tuesday. However, if you were charged \$120 for home health care you received on Thursday, the policy would pay \$100 of the \$120. You would need to fund the remaining \$20.

### ***Maximum Benefit***

While you are insured, this is the maximum dollar amount that the policy will pay. It is a sum of money that you will have available to pay for your covered long term care once you qualify for benefits. You will need to determine what this amount should be depending on your budget and the amount of assets you wish to help protect.

### ***Care Coordination***

This coverage includes a Care Coordination benefit. Although you do not have to use a Care Coordinator to receive benefits from the Policy, the Care Coordinator can work with you to assess your needs; help establish a Plan of Care; monitor your progress; and provide a referral list of care providers. The Care Coordinator is a Licensed Health Care Practitioner. There will be no charge for the services of a Care Coordinator who is selected from our list for as long as you meet Benefit Eligibility. No amount will be deducted from your Maximum Benefit. For a Care Coordinator who is not from our list, the Maximum Lifetime Care Coordination benefit will be equal to 50 times the Maximum Daily Benefit and benefits will be deducted from your Maximum Benefit.

### ***Home Health Care and Adult Day Care***

Most people prefer to receive care at home. If you meet Benefit Eligibility and need the services of a licensed professional such as a registered nurse; practical nurse; speech, respiratory, occupational or physical therapist, the policy may pay for these services to be received in your home. It also pays benefits for covered home health aide, homemaker and companion services received in your home. Perhaps, you might just need to go to an Adult Day Care Center while your spouse or other caregiver is at work.

### ***Alternative Payment Benefit***

This benefit provides a monthly payment of ten times the Maximum Daily Benefit, directly to you. You can use this benefit any way you see fit such as paying a family member. An updated Plan of Care is required every 60 days. This benefit is paid in lieu of any other benefit under the policy.

### ***Assisted Living Facility Benefit***

You may find that you need more care than can be provided in your home and decide to move into an Assisted Living Facility. The policy will cover room and board, not to exceed the charge for a one-bedroom unit in an Assisted Living Facility and for necessary Maintenance and Personal Care Services up to the Maximum Daily Benefit.

### ***Nursing Home Benefit***

If you need a higher level of nursing services and enter a Nursing Home, the policy will pay covered expenses while you are in a Nursing Home after satisfying the Elimination Period up to the Nursing Home Maximum Daily Benefit.

### ***Benefit Increase Options (additional premium required)***

Long term care costs will continue to increase due to inflation. For this reason, you have the option of choosing a benefit increase option which provides for increases in your Maximum Daily Benefit to help keep up with increasing costs due to inflation.

### ***Nonforfeiture Benefit - Shortened Benefit Period (additional premium required)***

After your coverage has been in force for at least 3 full years, if you should decide for some reason not to continue your coverage, this benefit provides for your coverage to continue on a limited basis. (See Outline of Coverage for full details.)

## **Additional Benefits**

Please see the Outline of Coverage for details.

***Bed Reservation Benefit***

***Waiver of Premium***

***Hospice Care Benefit***

***Restoration of Benefits***

***Deferred Benefit Increase Option***

***[Rate Guarantee]***

## **A Word About Premium Rates**

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. We cannot increase your premiums during any applicable rate guarantee period. When the rate guarantee period ends, your premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single you out for a premium increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.

## **30-Day Right to Examine Your Policy**

You have 30 days from the day you receive the Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it, within 30 days of its receipt, to Us at Our Administrative Office, or to the agent or office through which it was purchased and We will refund the full amount of any premium paid and the Policy will be void from the start.

## **Exclusions and Limitations**

This policy will not pay benefits when you are eligible for confinements, treatment, services or care: (1) resulting from alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor; or (2) arising out of suicide while sane or insane, attempted suicide or intentionally self-inflicted injury; or (3) provided in a government facility (unless otherwise required by law), services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, or other governmental programs (except Medicaid), and services for which no charge is normally made in the absence of insurance; or (4) received outside the United States or Canada; or (5) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or (6) that are not included in your Plan of Care; or (7) that are prohibited by federal law, including those governing economic and trade sanctions; or (8) rendered by a member of your immediate family, unless he or she is a regular employee of an organization which is providing the treatment, service or care; and the organization receives the payment for the treatment, service or care; and he or she receives no compensation other than normal compensation for employees in his or her job category.

Coverage will be provided in accordance with the terms of the policy for mental conditions, including Alzheimer's Disease, Parkinson's Disease, and senile dementia.

The exclusions regarding a member of an Insured Person's Immediate Family and confinement, treatment, service or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.

This brochure provides only a brief summary of the coverage provided under policy series TLC 1-FP (AR) 206. See the accompanying Outline of Coverage for details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy. The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor for assistance. The Schedule Page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.



**Home Office**  
Cedar Rapids, IA

**Administrative Office**  
1900 L. Don Dodson Drive  
Suite 300  
Bedford, Texas, 76021

# [ Transitions by TRANSAMERICA<sup>SM</sup> ]

*A Long Term Care insurance program designed for the employees of*

***[Employer Name]:***

	<b>[Plan A, Your Plan]</b>	<b>[Plan B]</b>	<b>[Plan C]</b>
<b>Maximum Benefit</b>	[\$_____]	[\$_____]	[\$_____]
<b>Maximum Daily Benefit (MDB)</b>	\$[40 - 400]	\$[100]	\$[200]
<b>Benefit Period (BP)</b>	[3, 4, 5, 6, Unlimited] year	[4 year]	[4 year]
<b>Elimination Period</b>	[0, 30, 60, 90, 180]-day	[90]-day	[30]-day
<b>Benefit Increase Option (BIO)<sup>1</sup></b>	[Deferred BIO, 3% CBIO, 5% CBIO]	[3% Compound BIO]	[5% Compound BIO]
<b>Additional Benefit[s]<sup>2</sup></b>	Nonforfeiture Shortened Benefit Period Option[, Return of Premium]	Nonforfeiture Shortened Benefit Period Option[, Return of Premium]	Nonforfeiture Shortened Benefit Period Option[, Return of Premium]

## INDIVIDUAL LONG TERM CARE INSURANCE

Exclusions and Limitations apply. See the attached brochure or outline of coverage for complete details or contact the company at [(877) 532-4910].

<sup>1</sup>There is an additional premium for both the 3% and 5% Compound Benefit Increase Options (CBIO). Deferred Benefit Increase Option will automatically be included if neither 3% nor 5% CBIO are chosen.

<sup>2</sup>There [are] additional premium[s] for the Nonforfeiture [and Return of Premium] benefit[s].





## A Word About Premium Rates

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. We cannot single you out for a premium increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.

See the accompanying Outline of Coverage for details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy.

The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, nor accounting advice. Please consult your tax advisor for assistance. The Schedule Page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

This brochure is for sales purposes and an insurance agent will contact you.

Policy series TLC 1-FP 1001, TLC 1-FP 402 (In AR, TLC 1-FP (AR) 206); In CA, TLC 1-FP (CA) 1001; In FL, TLC 1-FP (FL) 402; In ID, TLC 1-P (ID) 607; In, KY, TLC 1-FP (KY) 1001; In MA, TLC 1-FP (MA) 402 or TLC 1-FP (MAMH) 402; In MD, TLC 1-FP (MD) 402; In NC, TLC 1-FP (NC-FR) 402; In OH, TLC 1-FP (OH) 1102; In OK, TLC 1-FP (OK) 1001).



[MM/DD/YYYY]

Dear [Mr. John M. Doe]

**[Transitions by Transamerica]** is designed with you in mind. Long Term Care insurance is a financial planning tool that helps you safeguard many of your life's most precious rewards, including financial security, dignity, freedom of choice, added protection, family impact and added peace of mind.

<b>[Transitions by Transamerica] Benefits</b>	<b>Your [Transitions by Transamerica] Quote</b>
Maximum Daily Benefit	[\$100.00]
Elimination Period (in days)	[60]
Maximum Benefit Dollar/Period	[\$108,000 / 3 years]
Benefit Increase Option (BIO)	[5% Compound BIO]
Nonforfeiture Benefit	[Included]
Your Modal Premium	[\$76.94]
Payment with Application	[\$xx.xx]

*[A separate quote for each individual is included.]*

Thank you for taking the time to consider this opportunity to protect your plans from the financial risks of long term care needs. In the meantime, if you have any questions please call me at [800-XXX-XXXX].

**Please remember, you are under no obligation to accept this quote BUT this quote expires after [MM/DD/YYYY].**

*This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. **Please see the accompanying Outline of Coverage and sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased.** Premium and benefit amounts will vary, depending upon the plan selected. The actual premium may differ as a result of any applicable discounts. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium.*

LTC ILL 0808



[MM/DD/YYYY]

Dear [Mr. John M. Doe]

**[Transitions by Transamerica]** is designed with you in mind. Long Term Care insurance is a financial planning tool that helps you safeguard many of your life's most precious rewards, including financial security, dignity, freedom of choice, added protection, family impact and added peace of mind.

<b>[Transitions by Transamerica] Benefits</b>	<b>Your [Transitions by Transamerica] Quote</b>	<b>Your [Alternative] Quote</b>
Maximum Daily Benefit	[\$100.00]	[\$125.00]
Elimination Period (in days)	[60]	[60]
Maximum Benefit Dollar/Period	[\$108,000 / 3 years]	[\$180,000 / 4 years]
Benefit Increase Option (BIO)	[5% Compound BIO]	[5% Compound BIO]
Nonforfeiture Benefit	[Included]	[Not Included]
Your Modal Premium	[\$76.94]	[\$97.33]
Payment with Application	[\$xx.xx]	[\$xx.xx]

*[A separate quote for each individual is included.]*

Thank you for taking the time to consider this opportunity to protect your plans from the financial risks of long term care needs. In the meantime, if you have any questions please call me at [800-XXX-XXXX].

**Please remember, you are under no obligation to accept this quote BUT this quote expires after [MM/DD/YYYY].**

*This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. **Please see the accompanying Outline of Coverage and sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased.** Premium and benefit amounts will vary, depending upon the plan selected. The actual premium may differ as a result of any applicable discounts. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium.*

LTC ILL 0808

<i>SERFF Tracking Number:</i>	<i>AEGJ-125689082</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.



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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	
<b>Comments:</b>		Filed-Closed	07/23/2008
<b>Attachment:</b>			
AR LTC EE 0808 filing ltr 6-10-08.pdf			



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P O Box 95302  
Hurst, Texas 76053-5302  
817-285-3530  
[pamdavis@aegonusa.com](mailto:pamdavis@aegonusa.com)

June 10, 2008

Commissioner Julie Benafield Bowman  
1200 West Third Street  
Little Rock, AR 72201

RE: **Long Term Care Advertising**  
**NAIC #:** 86231  
**FEIN #:** 39-0989781  
**Form #:** LTC EE BR AR 0808 Invitation to Contract Sales Brochure  
LTC BI 0808 Invitation to Contract Brochure Insert  
LTC ILL 0808 Invitation to Contract Premium Illustration

Dear Commissioner Bowman:

Enclosed are the referenced forms submitted for your review and approval. These forms are not intended to replace any advertising previously approved forms for Transamerica Life Insurance Company. Please note that these forms are clones of the Transamerica Occidental Life forms which were previously approved by your department, as noted below. The only changes are to the Form Number, Company Name and to correct a typographical error in the first sentence under the Assisted Living Facility Benefit on page 3.

TLIC NO.	TOLIC NO.	APPROVAL DATE	SERFF FILING NO.
LTC EE BR AR 0808	LTC EE BR AR 0208	2/4/08	AEGJ-125390255
LTC BI 0808	LTC BI 707 0208	2/4/08	AEGJ-125390255
LTC ILL 0808	TOL ILL 507	4/27/07	N/A

These forms will be used to solicit policy form TLC 1-FP (AR) 206, et al., which was approved by your department on May 30, 2006.

These forms will be used with the approved Outline of Coverage as an Invitation to Contract package, along with the current Shopper's Guide and all other state-mandated materials required to be used at solicitation.

The filing fee of \$75 is on the SERFF filing to which this letter is attached.

It is our intention to use these forms in both paper and electronic form. Bracketed information is intended to be variable. Please see the Variables 0808 list attached to this filing.

We trust that these forms will meet with your approval. If you have any questions, please contact me at 800-553-7600, x3530, or [pamdavis@aegonusa.com](mailto:pamdavis@aegonusa.com).

Sincerely,

A handwritten signature in cursive script that reads "Pamm Davis".

Pamm Davis  
Advertising Analyst Trainee  
Long Term Care Division